

Name
in
Full *Susie Anderson*

CERTIFICATE OF DEATH

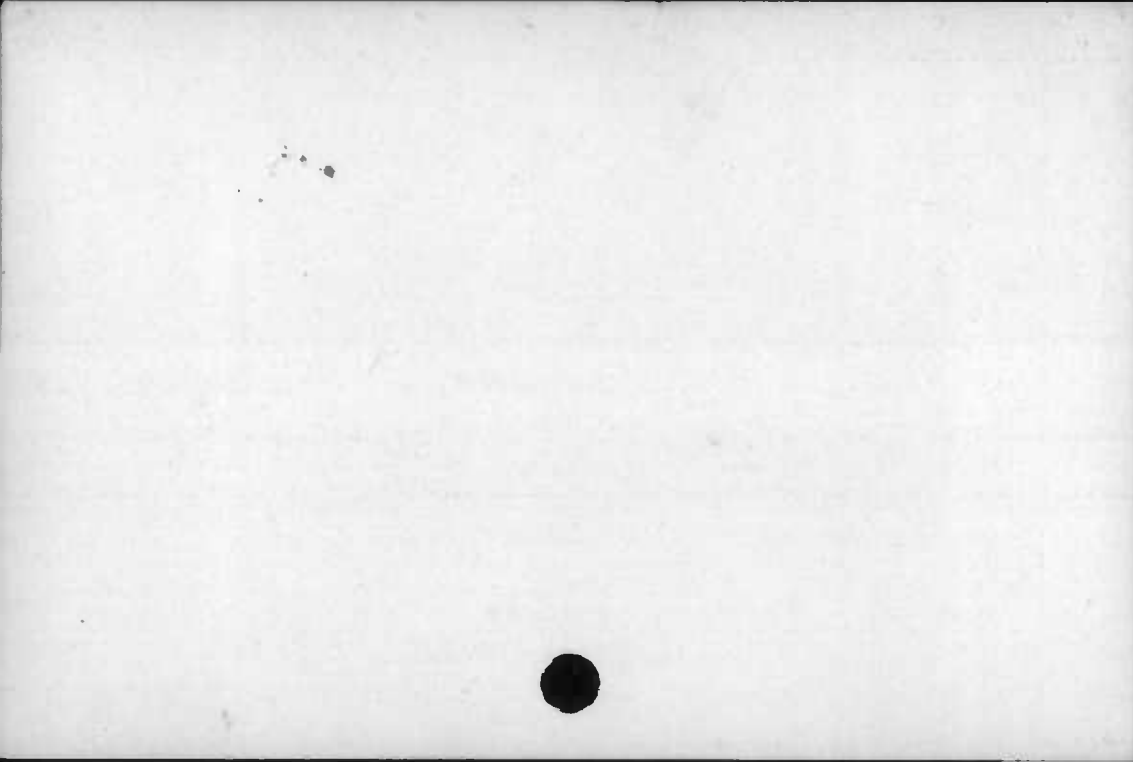
Died at <i>Centreville</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND		
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>10th</i>	Age <i>3</i> Years	Months <i>6</i>	Days _____
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Centreville Md.</i>			
Occupation <i>None</i>			Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____				
Father's Name <i>Emory Anderson</i>			Father's Birthplace <i>Centreville Md.</i>			
Mother's Maiden Name <i>Mary Brown</i>			Mother's Birthplace <i>Queen Anne's Co.</i>			
Name of person giving In formation <i>Mary Anderson</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

33

Primary <i>Glandular Tuberculosis</i>	How long <i>6 months.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville</i>
	<i>Md.</i>
Accident or Suicide? _____	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Jane Boshell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smalls Creek</i>		County <i>Q. D. Co.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Dec.</i>	Day <i>11</i>	Age <i>38</i>	Months <i>11</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Churchill Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>William T. Boshell</i>			
Father's Name <i>William J. Senate</i>		Father's Birthplace <i>Q. D. Co. Md.</i>			
Mother's Maiden Name <i>Mary J. Anderson</i>		Mother's Birthplace <i>Q. D. Co. Md.</i>			
Name of person giving Information <i>Samuel T. Senate</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

128

PHYSICIAN
OR CORONER

Primary <i>Uterine Hemorrhage</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>4 or 5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E. Landerd Md.</i>
	Address <i>Crumpton</i>
Accident or Suicide <i>— (only saw her once)</i>	



Name
in
Full

Melvina Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

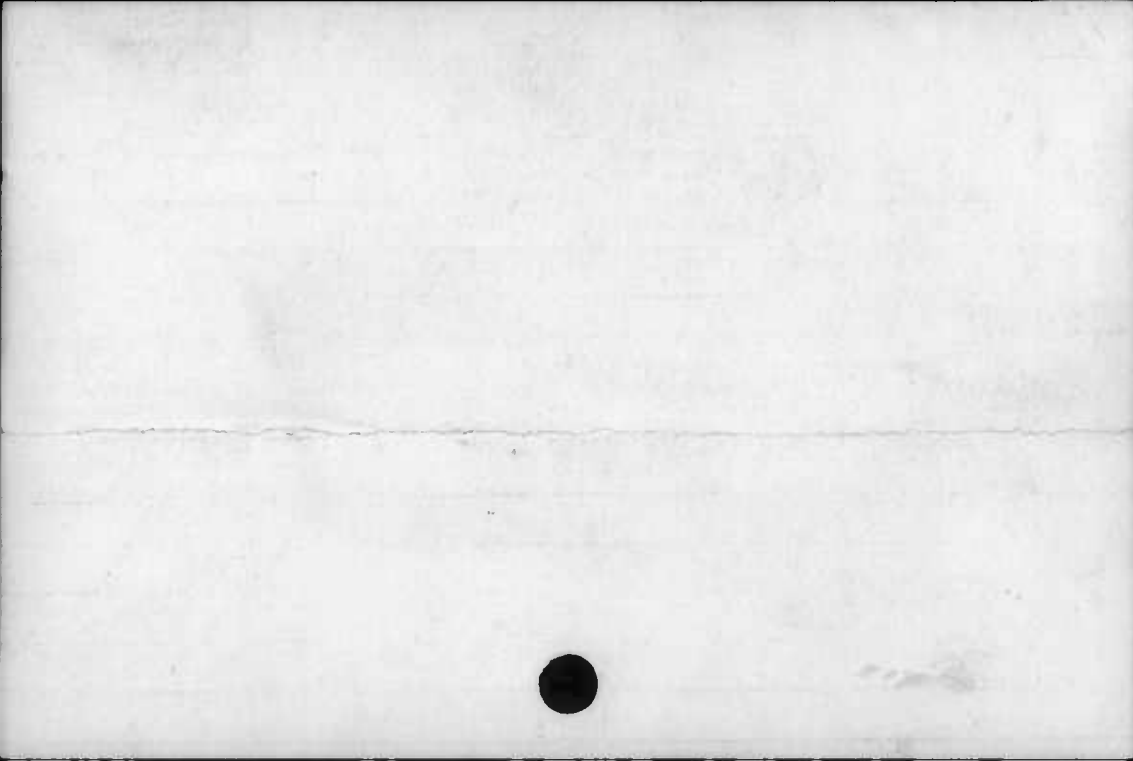
Died at <i>Amity Home</i>		Town <i>Amity</i>		County <i>Prince Georges</i>	
Date of death	<i>27</i> Month <i>Dec</i>	Day <i>27</i>	Age <i>84</i>	Years	Months <i>Don't know</i>
Sex <i>Woman</i>	Color or Race <i>Colored</i>	Birth-place <i>Don't know</i>		Days <i>Don't know</i>	
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Melvina Brooks</i>				
Father's Name <i>Emery Roskel</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Delia Roskel</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>A. K. Roberts</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age and General debility</i>	How long
Immediate <i>Hemorrhage from lung</i>	How long <i>One night</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as I know</i>	Signature of Physician <i>Robert Smith</i>
<i>know</i>	Address <i>Sudbrookville Ind</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

Michael Thomas Connolly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Centerville* ^{County} *Queen Anne* **MARYLAND**Date of death 190 ^{Month} *8* ^{Day} *12* ^{Year} *24* Age *88* ^{Months} *—* ^{Days} *—*Sex *male* Color or Race *Anglo Saxon* Birthplace *Ireland*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Catherine Shortall.*Father's Name *Shos Connolly* Father's Birthplace *Ireland*Mother's Maiden Name *Mary Smith* Mother's Birthplace *"*Name of person giving Information *Mrs Catherine Connolly* How related to deceased *wife*

CAUSES OF DEATH

154

How long

2 years

How long

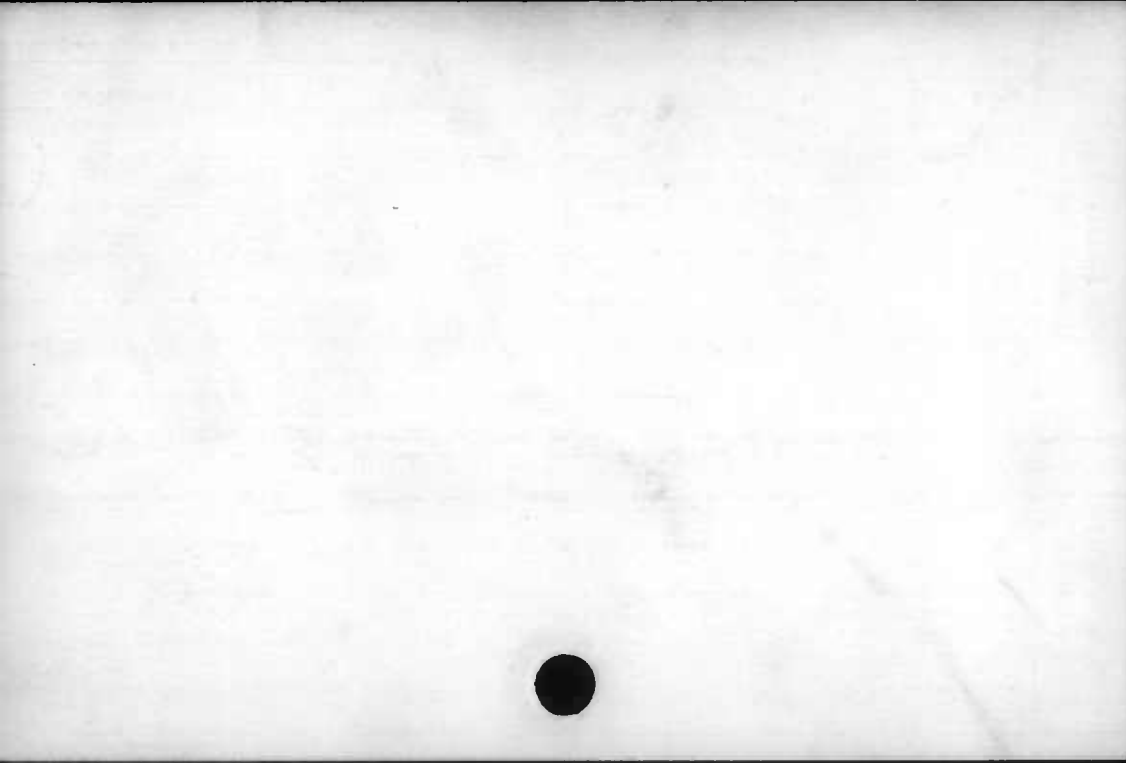
*1 month*PHYSICIAN
OR CORONERPrimary *General Debility*Immediate *Heart Failure*Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

E. F. Smith
Centerville
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Maggie Conyer

Town

County

Died at Near SummertonQueen Anne's

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Dec

26

Age

24

Sex

Female

Color or
Race

Negro

Birth-
place

2 Also

Occupation

House Guide

Where Residing if not
at place of death

Near Summerton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Chas Conyer

Father's
Name

Mr. Hleg.

Father's
Birthplace

2 Also

Mother's
Maiden Name

Annie Hard

Mother's
Birthplace

" "

Name of person giving
Information

Chas Conyer

How related
to deceased

Nephew

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. F. Smith

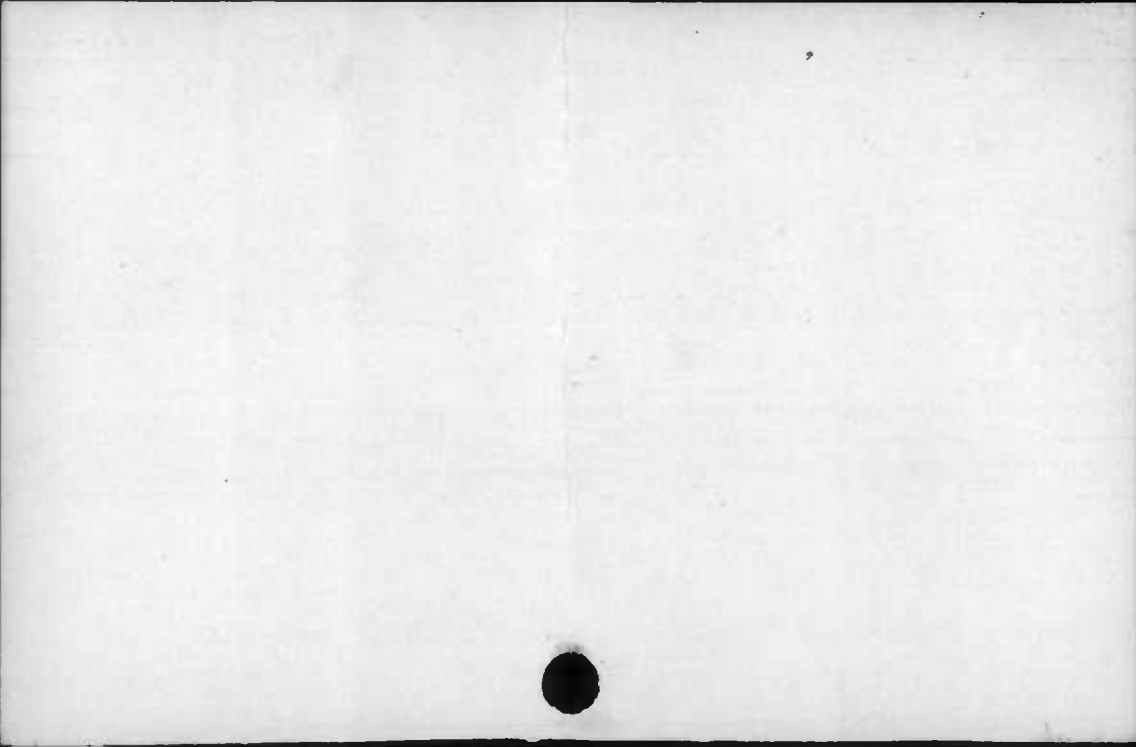
Address

Centreville

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Thomas Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Price*

Town

2 a co

County

MARYLAND

Date of death 1908

Dec

Month

11

Day

Age 7

Years

Months

Days

Sex Male

Color or Race

White

Birth-place New Price 2 a co Md

Occupation

In part -

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

Jeff Davis

Father's Birthplace

2 a co county

Mother's Maiden Name

Susie Starkey

Mother's Birthplace

Cecil Co Md

Name of person giving information

Jeff Davis

How related to deceased

Father

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

9 days

Immediate

Blood-poison

How long

nearly 2 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. W. G. Moore

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

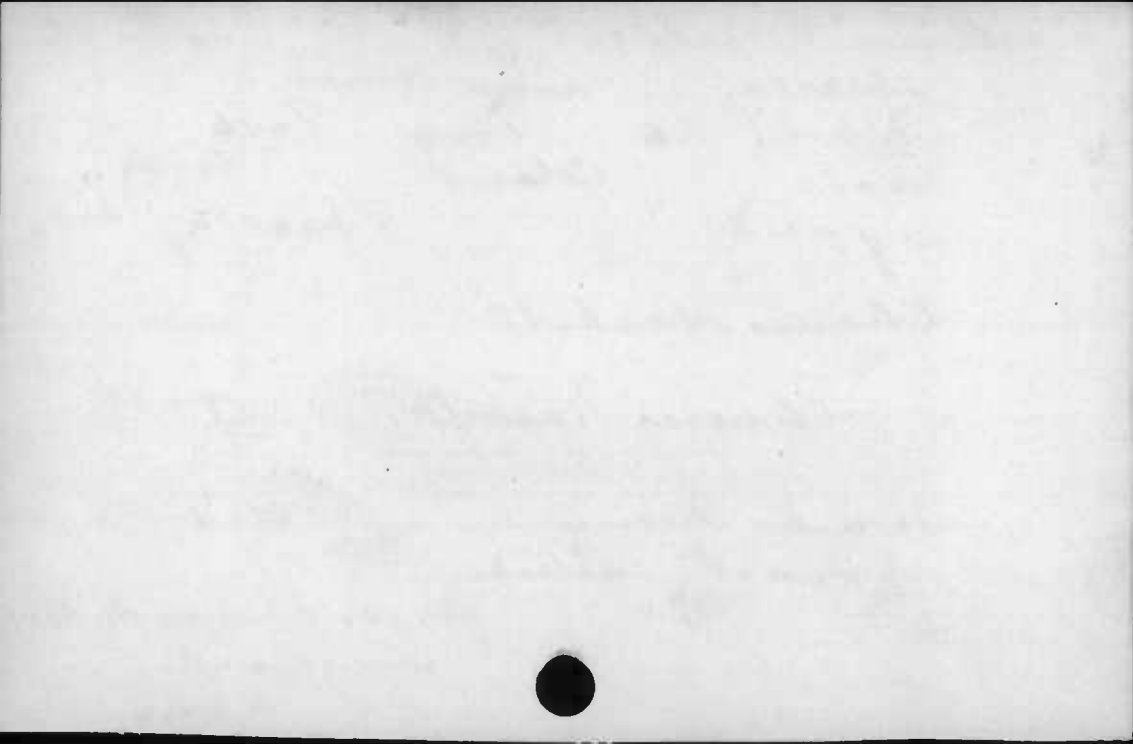
no name - Groff

Died at <u>Queestown</u> ^{Town} <u>14</u> ^{County} <u>D. A. Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>14</u>	Age <u>Still born</u> ^{Years} <u>Months</u> <u>Days</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Queestown</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		
Father's Name <u>W. Fred Groff</u>	Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Lillian Hagen</u>	Mother's Birthplace <u>Jersey City</u>		
Name of person giving information <u>W. Fred Groff</u>	How related to deceased <u>father</u>		

CAUSES OF DEATH

Primary <u>Still born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. W. Chaires</u>
<u> </u>	Address <u>Queestown Md.</u>
Accident or Suicide? <u> </u>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William H. Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

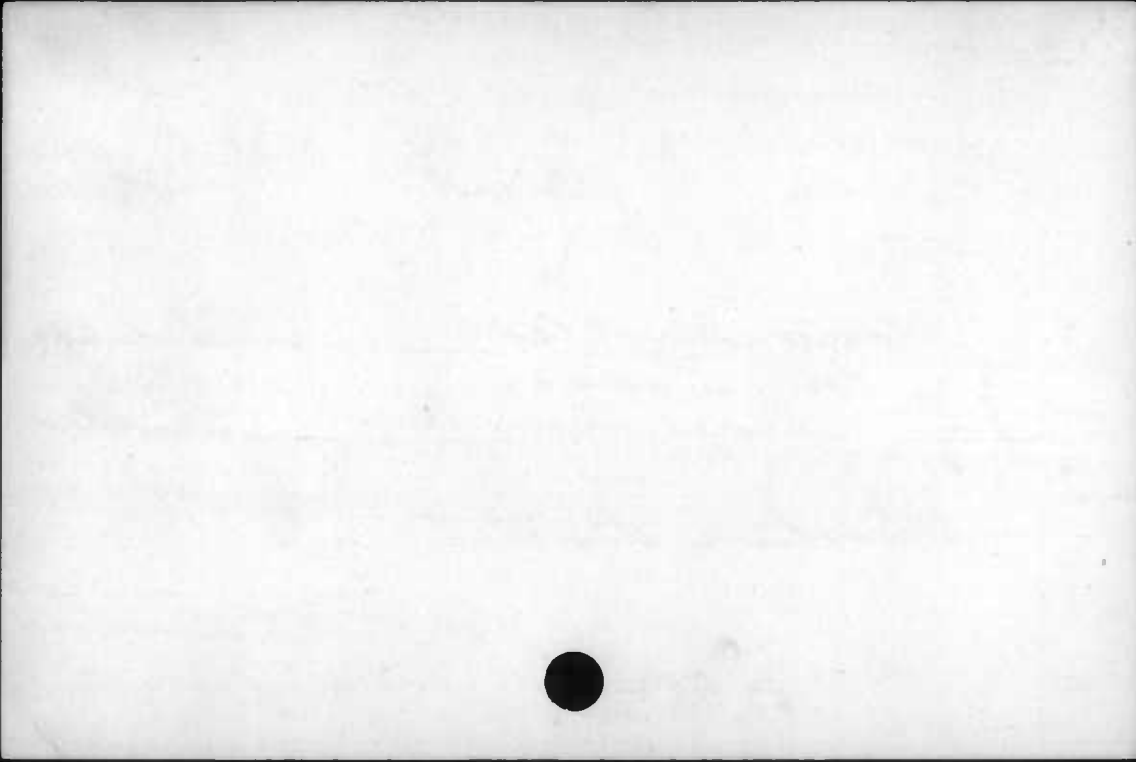
Died at <u>Barelay</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death	1908	Month	Dec.	Day	26
Age		Two		Years	Two
Sex		Male		Color or Race	Colored
Occupation		Infant		Birth-place	Ind.
Where Residing if not at place of death		Barelay Ind.			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Charles Hackett		Father's Birthplace	Not Known
Mother's Maiden Name		Florence Seals		Mother's Birthplace	Not Known
Name of person giving information		Charles Hackett		How related to deceased	Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long	<u>Six days</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>W. W. Brown M.D.</u>	
Address		<u>Ingleside Ind.</u>	
Accident or Suicide?		no	



Name
in
Full

Lester Harkless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>no Compton</i>		County <i>D.C. Co.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>no Compton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Harkless</i>		Father's Birthplace <i>D.C. Co</i>			
Mother's Maiden Name <i>Etta Logan</i>		Mother's Birthplace <i>Va'</i>			
Name of person giving Information <i>Charles Harkless</i>		How related to deceased <i>Further</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth P.</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur E. Landers</i>
<i>did not attend child</i>	Address <i>Health Officer</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Mrs Sarah A Lee

CERTIFICATE OF DEATH

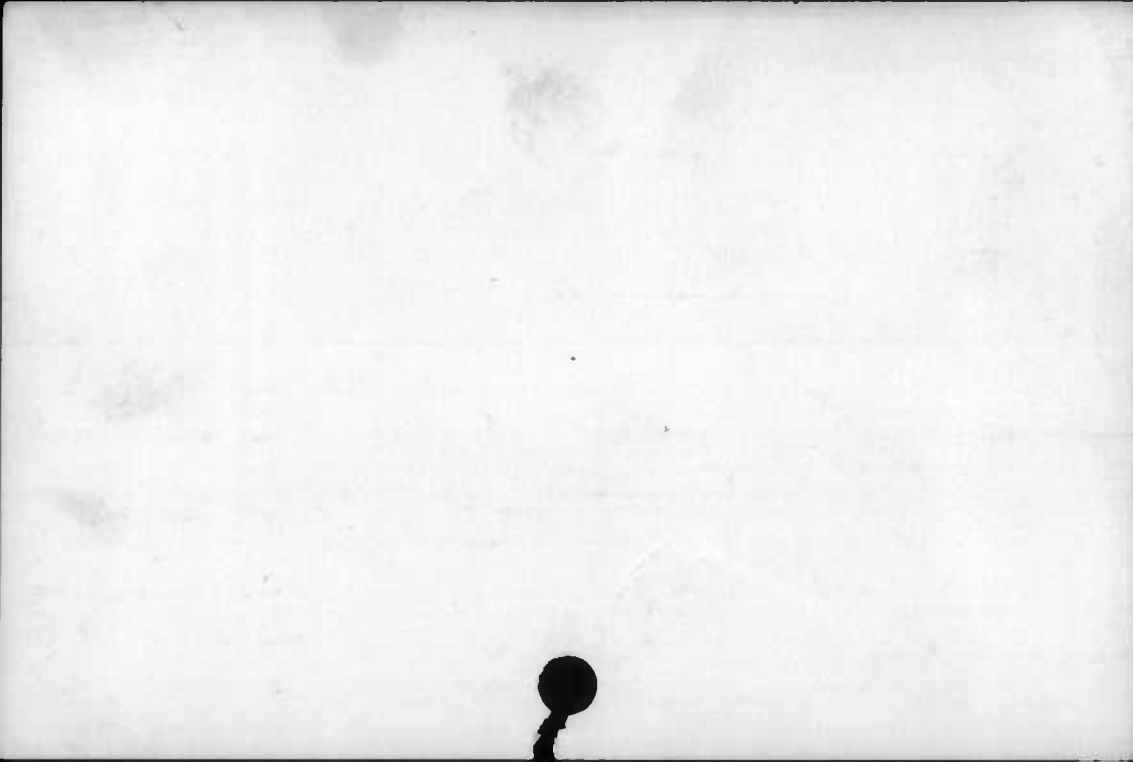
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Sudlersville</i>		Town <i>Sudlersville</i>		County <i>Jenn Anne</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>12</i>	Day	<i>24</i>	Age	<i>72</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months	
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single Or Widowed		Name of Wife or Husband <i>James H Lee</i>					
Father's Name <i>C. Pickerson</i>		Fether's Birthplace <i>Not Known</i>					
Mother's Maiden Name		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>James A Lee</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
Immediate	<i>Hemorrhages of lung</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Prosser Suggs</i>	
		Address <i>Sudlersville Ind</i>	
Accident or Suicide?			



Name
in
Full

John McDaniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

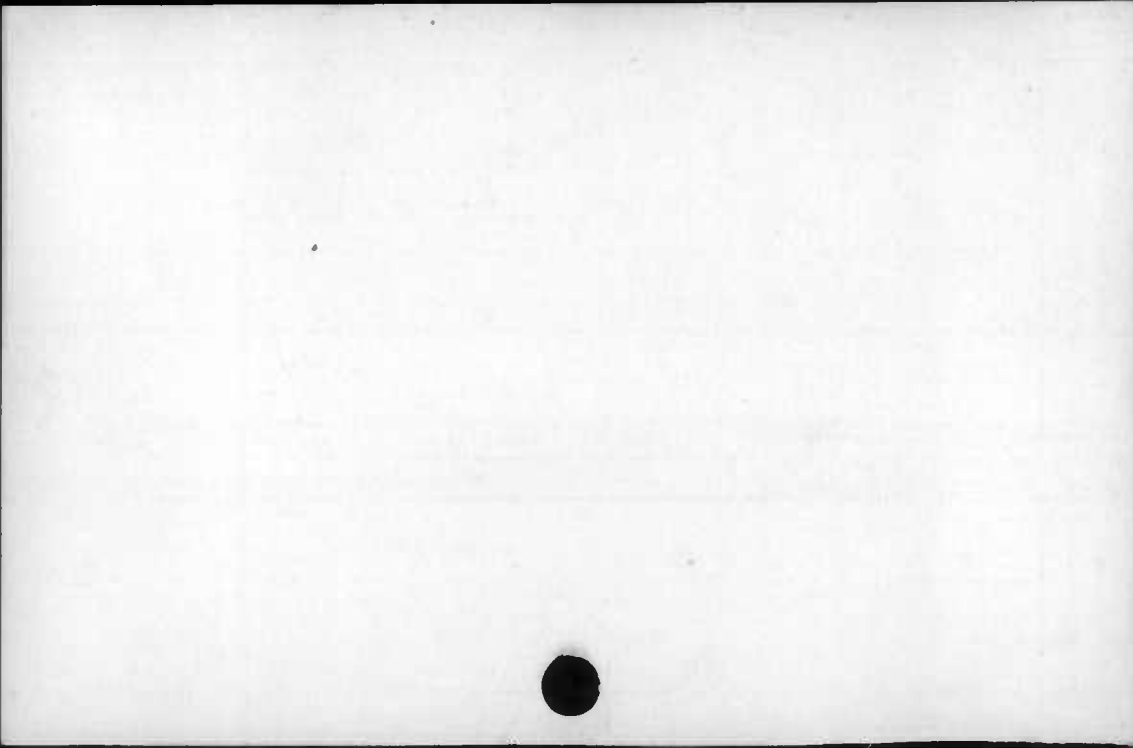
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		12	14	21			
Sex	Male		Color or Race	Black		Birthplace	La Gr
Occupation	Farmer			Where Residing if not at place of death		Perry Hill	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John McDaniel				Father's Birthplace	La Gr	
Mother's Maiden Name	Georganna Green				Mother's Birthplace	"	
Name of person giving information	Capt Muller				How related to deceased	bro	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis pulmonalis		How long	Four months
Immediate	Exhaustion		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		R. H. Ford		
		Address		
		Queenstown, Md.		
Accident or Suicide?				
Inferred Perry Hill				



Name
in
Full

Henry. Mosson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

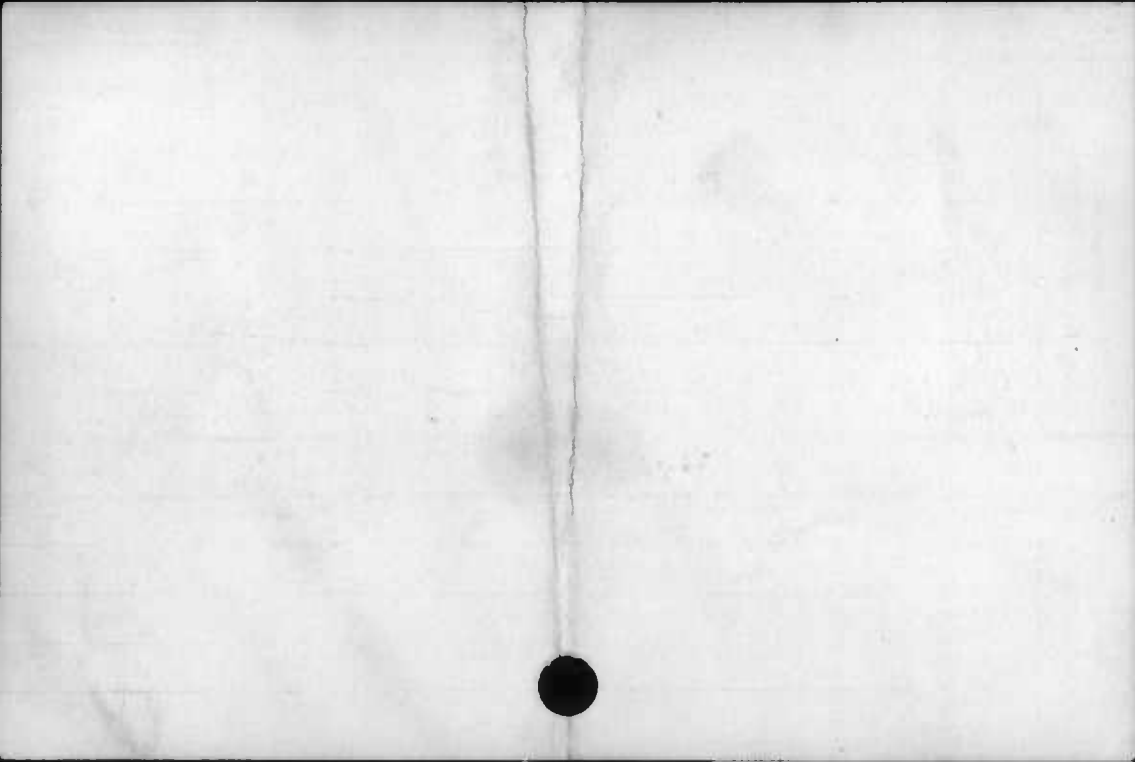
Died at <i>Church Hill</i> ^{Town}		<i>Queen Anne's Co</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>30th</i>
Age	<i>80</i>	Years	<i>80</i>	Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Local Grocer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>Sallie Mosson dead</i>			
Father's Name	<i>Pocahontas Mosson</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Do not know</i>			Mother's Birthplace	<i>Do not know</i>
Name of person giving information	<i>Ben J. Stoverberry</i>			How related to deceased	<i>Nephew</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Senile Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. S. Dudley</i>
		Address	<i>Church Hill, Queen Anne's Co. Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

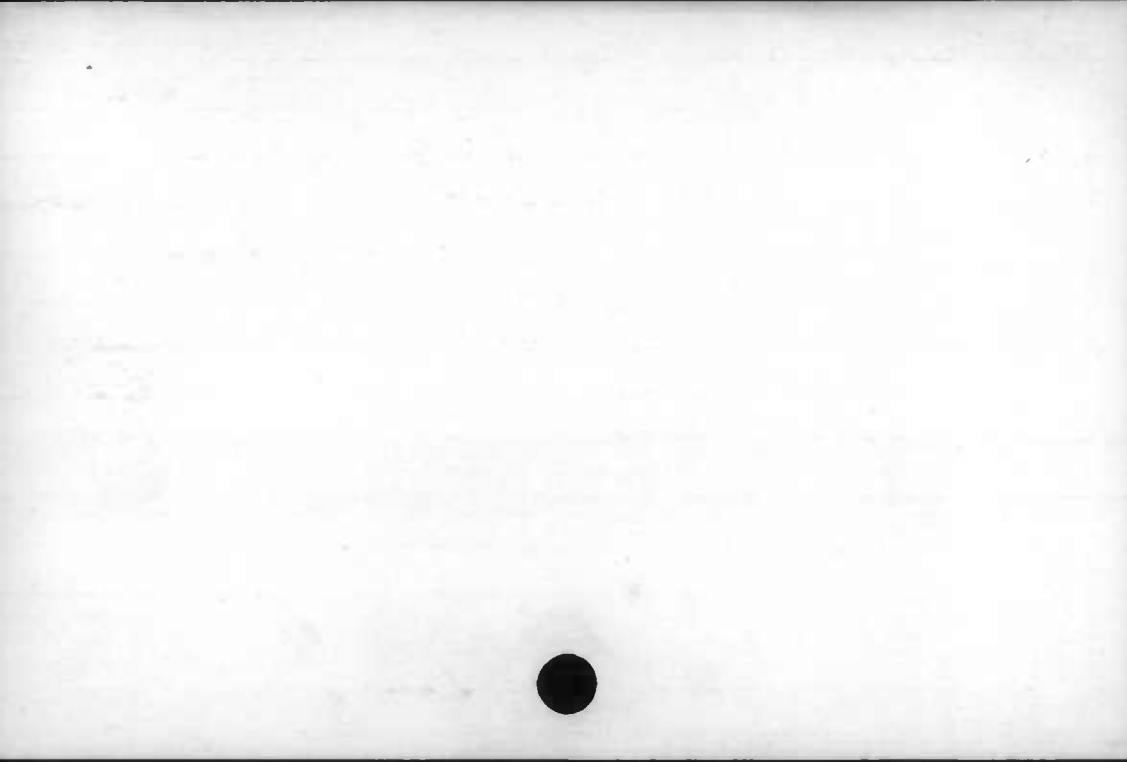
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Perry Pierce</i>		Town <i>Stevensville</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Died at <i>Stevensville</i>		Month <i>Dec</i>		Day <i>25</i>		Year <i>1908</i>	
Date of death <i>1908 Dec 25</i>		Age <i>62</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Kent Del</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>.. ..</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hannah Pierce</i>					
Father's Name <i>Perry Pierce</i>		Father's Birthplace <i>Kent Del</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Kent Del</i>					
Name of person giving Information <i>Mr T. W. Carvel</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Perry Kemp</i>
	Address <i>Stevensville, Md.</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Joseph, E. Plummer,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

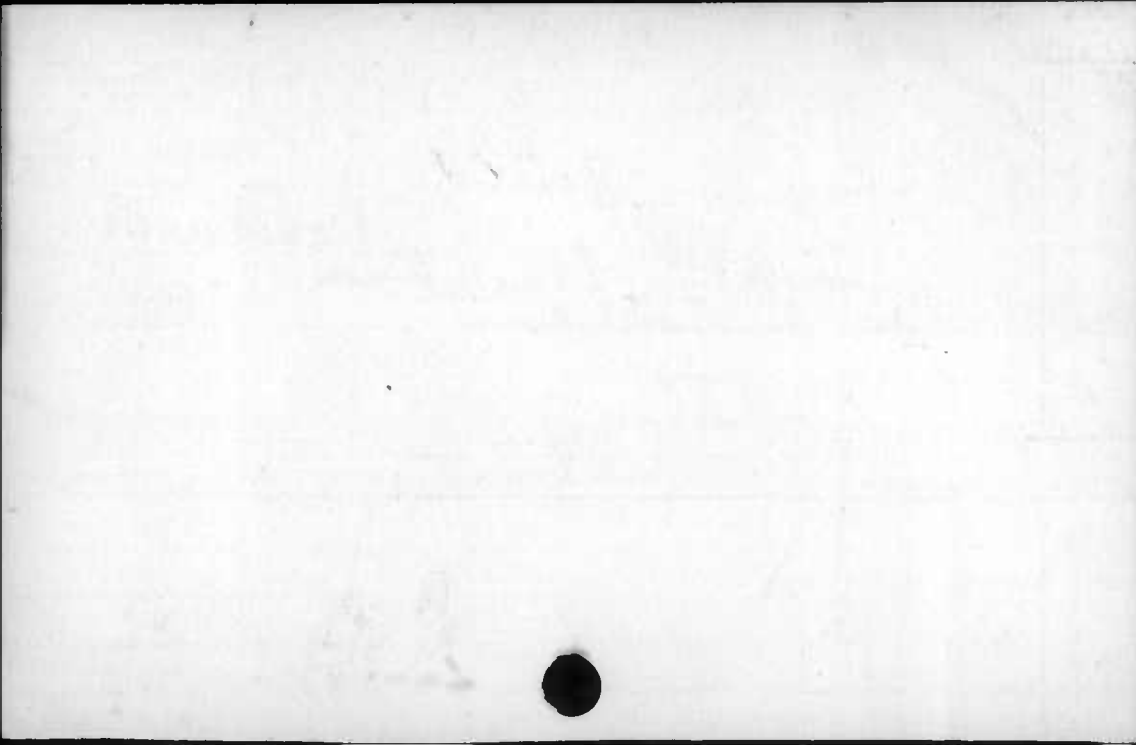
Died at <i>Myr Island</i>		Town <i>2</i>		County <i>an</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>20</i>	Age <i>94</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>2 also</i>
Occupation	<i>Retiree</i>			Where Residing if not at place of death <i>Myr Island</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Lizzie Merchant</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Bey Melvin</i>				How related to deceased	<i>Son in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>9 mos.</i>
Immediate	<i>3rd stroke</i>	How long	<i>Last stroke 6 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. W. Chaires</i>		
<i>Reys</i>	Address <i>Lumina</i>		
Accident or Suicide?	<i>No</i>		

(66)



Name
in
Full

Hoak Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

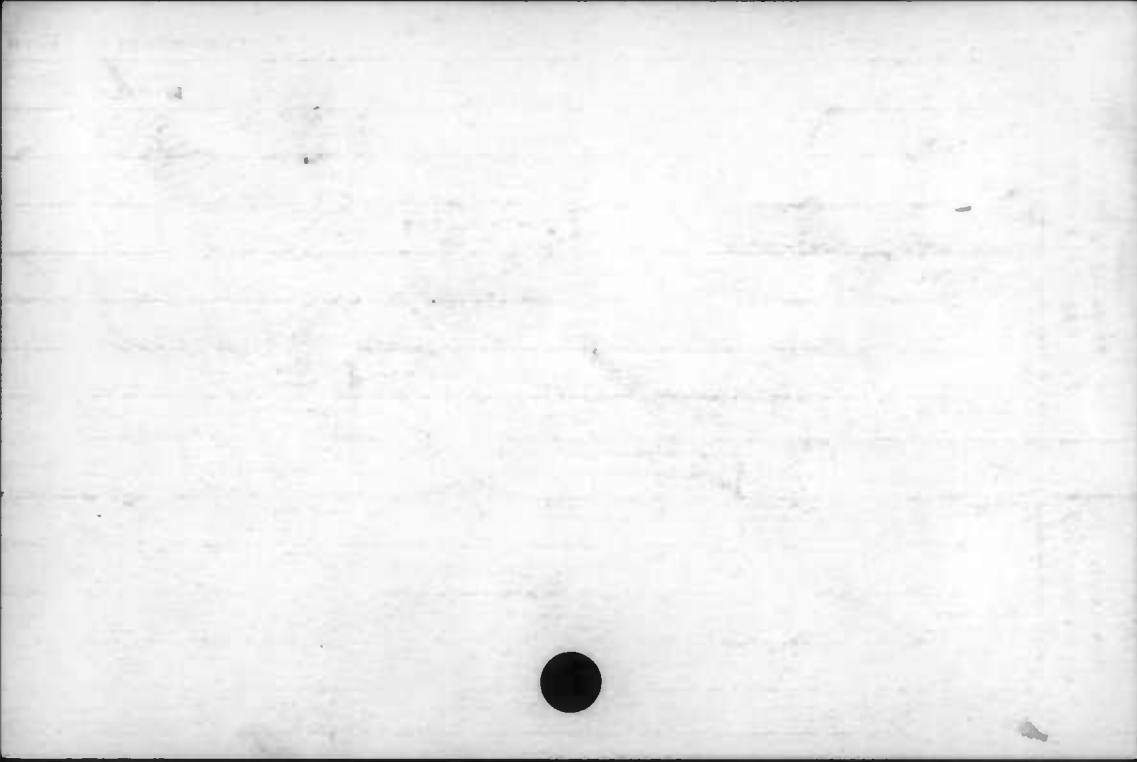
Died at		Town		County		STATE	
		Chester		Queen Anne's		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		5	19	60			
Sex		Color or Race		Birthplace			
Male		Colored		Kent Island Ind			
Occupation		Where Residing if not at place of death					
Copterman		Coxes neck					
Married, Single or Widowed		Name of Wife or Husband					
Widower		Ellen Robinson					
Father's Name		Father's Birthplace					
Frank Robinson		Ind					
Mother's Maiden Name		Mother's Birthplace					
Eliza Johnson		Ind					
Name of person giving Information		How related to deceased					
Gebulow Heath		none					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Cardiac Asthenia	How long	2 years.
Immediate	Indigestion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Docho. Edwards	
		Address	
		Starvation	
Accident or Suicide			



Name
in
Full

Williamina B. Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

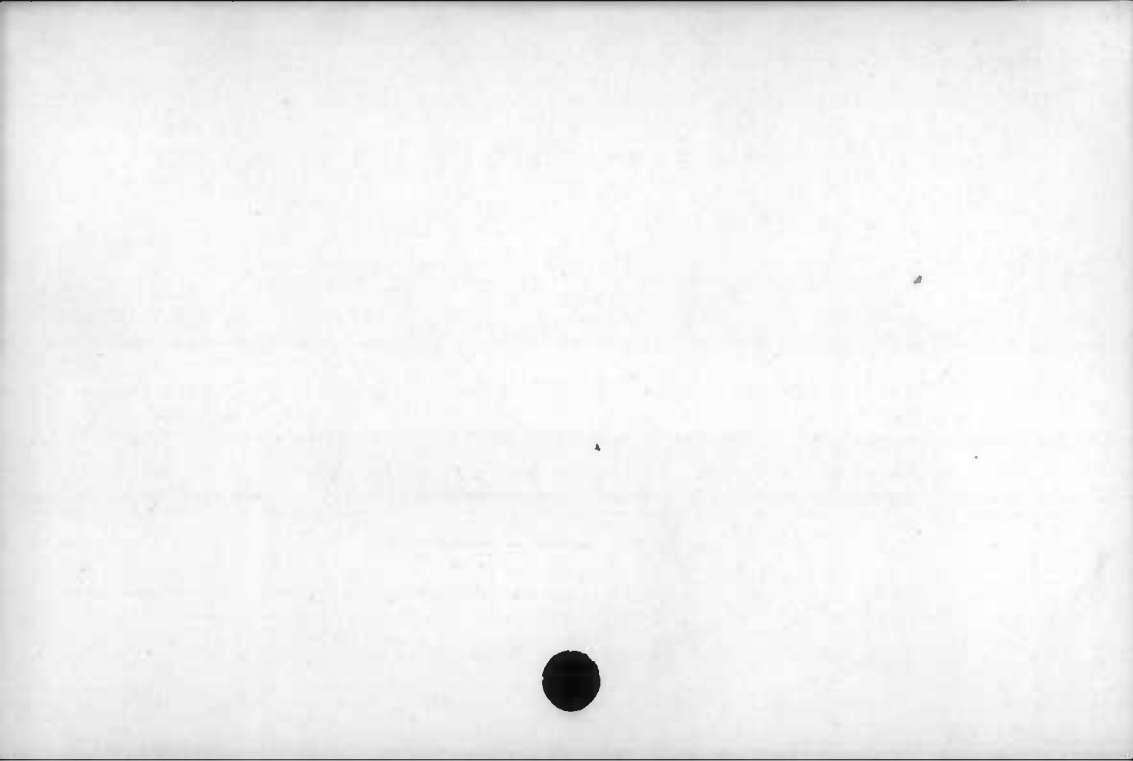
Died at <i>Centreville</i>		Town		<i>Tacomas</i>		County		MARYLAND	
Date of death <i>1908 Dec.</i>		Month		Day		Years		Months	
<i>11</i>		<i>11</i>		<i>42</i>		<i>7</i>		<i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>					
Occupation <i>Painter</i>				Where Residing if not at place of death <i>Centreville</i>					
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Rose A. Shaw</i>					
Father's Name <i>John B. Shaw</i>				Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Mary Diamond</i>				Mother's Birthplace <i>11 11</i>					
Name of person giving Information <i>Rose A. Shaw</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

64

Primary	<i>Pareisis</i>	How long	<i>18 mos</i>
Immediate	<i>Cerebral Haemorrhage</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Centreville</i>	
Accident or Suicide? <i>no</i>		<i>Sub</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mary Shepard Town Stevensville County Frederick MARYLAND

Died at Stevensville Month June Day 7 Year 1908 Age 27 Months — Days —

Date of death 1908 Sex Female Color or Race Colored Birthplace Kent D.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Wm Shepard

Father's Name John Jones Father's Birthplace Kent D.

Mother's Maiden Name Pauline Barker Mother's Birthplace Kent D.

Name of person giving Information Wm Shepard How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

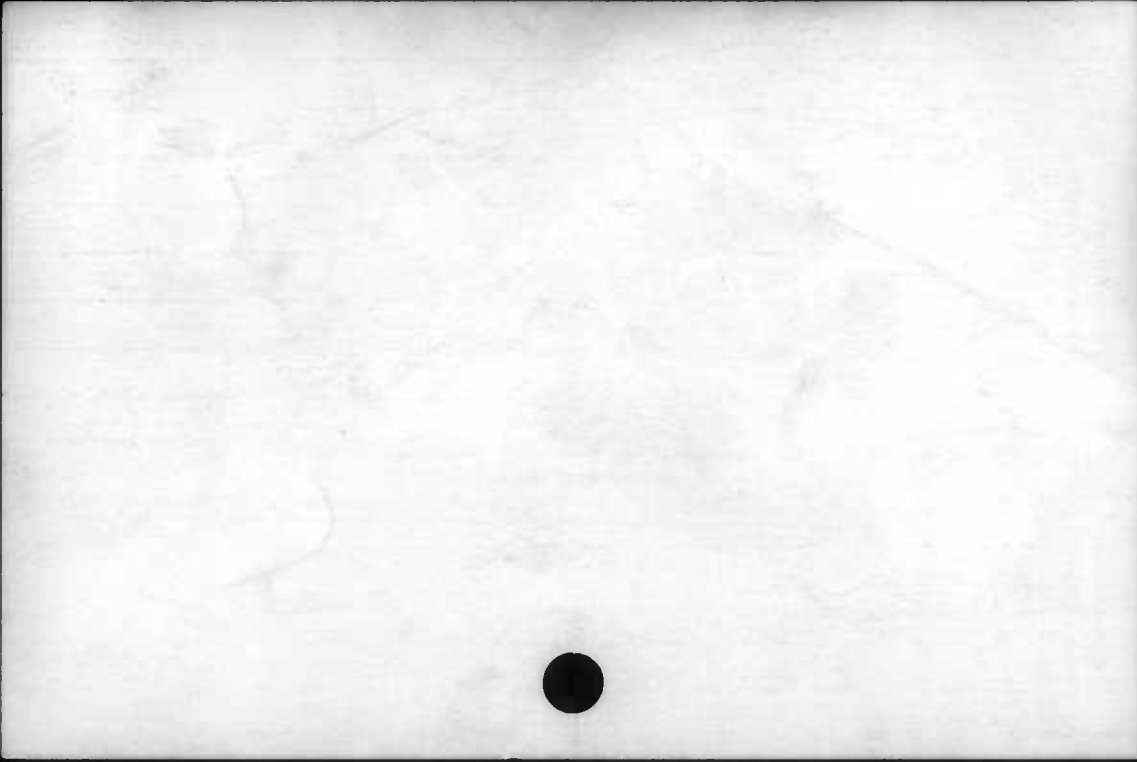
Primary Pulmonary Tuberculosis How long 2 years

Immediate General Asthma How long 2 mo

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician John E. Snyder Address Stevensville

Accident or Suicide —



Name
in
Full

Mrs Julia A Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

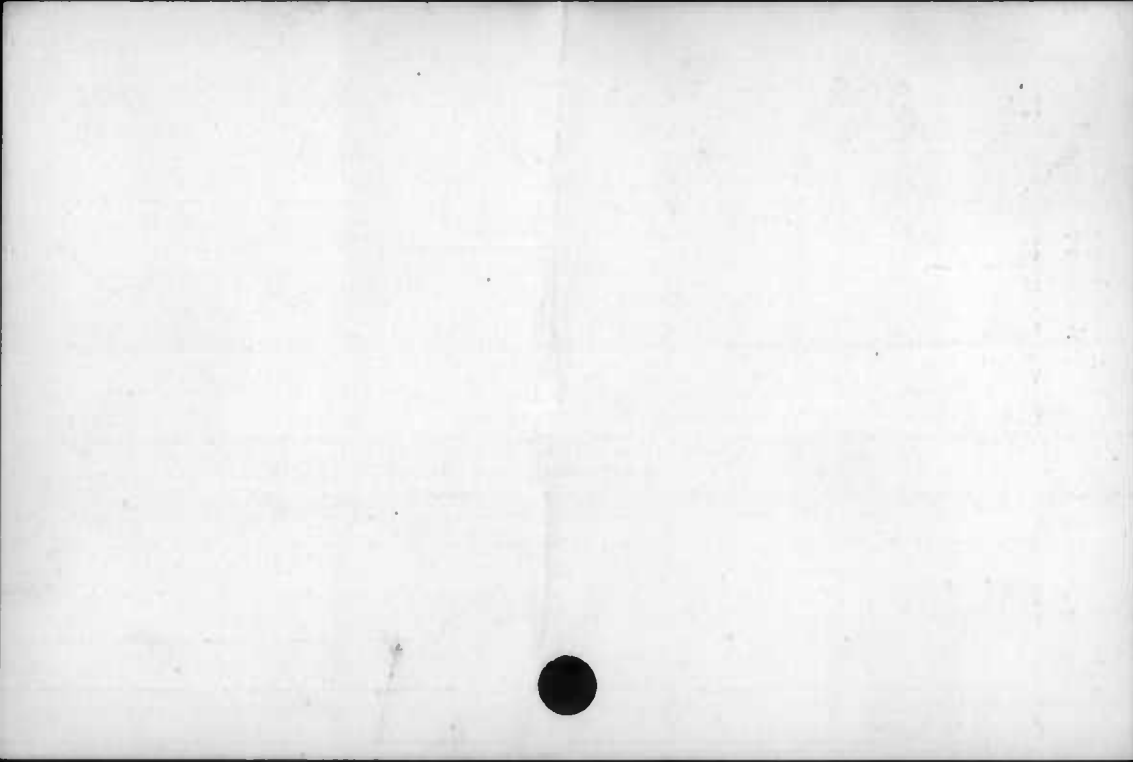
Died at <i>Barclay</i> ^{Town}		<i>Jurrn</i> ^{County} <i>Anne</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>12</i>	Day	<i>23</i>
Age		<i>80</i>		Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House wife</i>		Where Residing if not at place of death	<i>Barclay</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Charles Sparks</i>	
Father's Name	<i>Not known</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Not "</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Charlie Sparks</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>One week</i>
Immediate	<i>and debility</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Foster Lusk</i>	
		Address <i>Sudbroville</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name
in
Full

Mildred Louise Stafford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

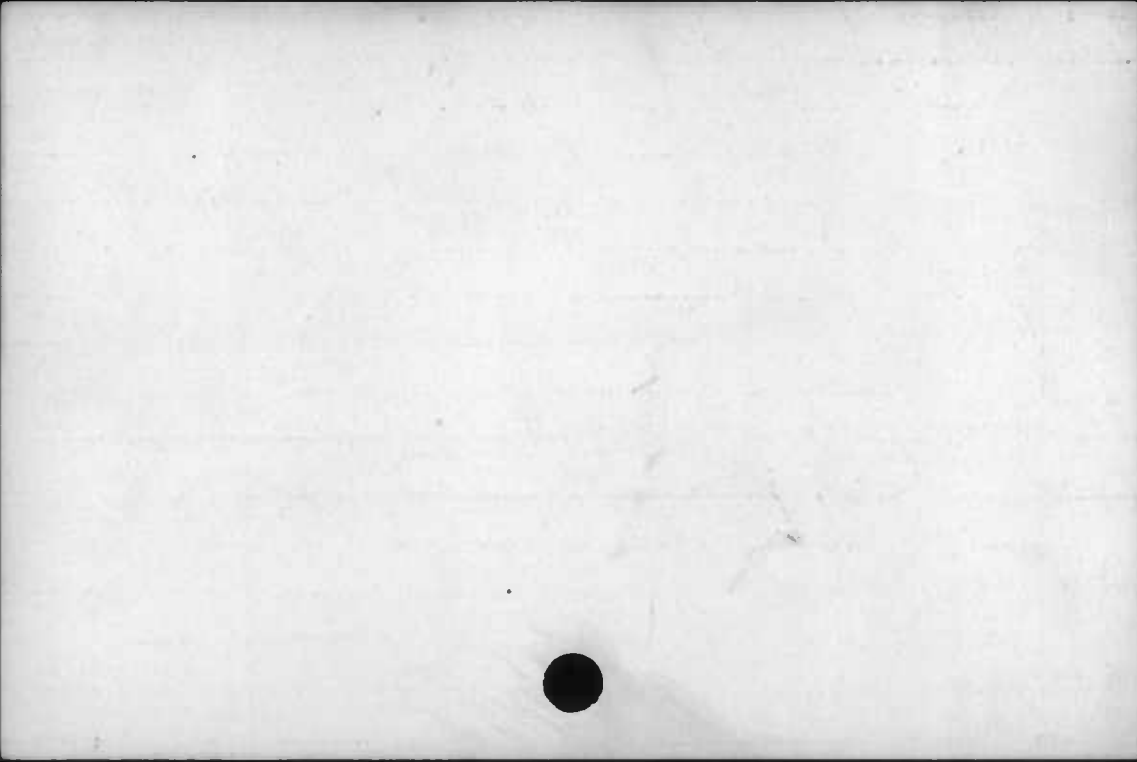
Died at <i>Starr</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>10</i>	Age <i>2</i> Years	Months <i>5</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Starr</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Starr</i>		
Married, Single or Widowed		Name of Wife or Husband <i>child</i>			
Father's Name <i>Wm. F. Stafford</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Emma H. Ivins</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm. F. Stafford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Double Lobar Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart Failure due to liver</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Stacks, M.D.</i>
	Address <i>Wye Mills Md.</i>
Accident or Suicide?	



Name
in
Full

Mina Belle Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haydens</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>December</i>	Day <i>30th</i>	Age <i>23</i> Years	Months <i>2</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Rossville</i>		
Occupation <i>School Teacher</i>	Where Residing if not at place of death <i>near Haydens</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Hanson Stokes</i>				
Father's Name <i>John H. Byrns</i>	Father's Birthplace <i>Near Ruthsburg Queen Anne's Co.</i>				
Mother's Maiden Name <i>Tobitha Robson</i>	Mother's Birthplace <i>Queen Anne's Co.</i>				
Name of person giving information <i>John H. Byrns</i>	How related to deceased <i>A father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Prostration</i>	How long <i>One day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. S. Dudley</i>
	Address <i>Church Hill</i>
	<i>Queen Anne's County, Md</i>
Accident or Suicide?	

C. H. Patchett
Greenboro
Md